



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**In re application of:** William H. Fleming

**Application No.** 10/019,165

**Filed:** December 20, 2001

**Confirmation No.** 6245

**For:** METHOD FOR ENHANCING  
HEMATOPOIESIS

**Examiner:** Leon B. Lankford, Jr.

**Art Unit:** 1651

**Attorney Reference No.** 899-61868

**CERTIFICATE OF MAILING**

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: MAIL STOP NON-FEE AMENDMENT, COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450 on the date shown below.

Agent  
for Applicant(s)

Date Mailed November 3, 2003

MAIL STOP NON-FEE AMENDMENT  
COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450

**AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT**

This amendment is submitted in response to the Office action (Restriction Requirement) dated October 3, 2003. A one-month period for reply was set, making this response due on or before November 3, 2003. Please amend the referenced application as follows:

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 2 of this paper.

**Remarks** begin on page 7 of this paper.

- Please charge any fees that may be required in connection with filing this amendment and any extension of time, or credit any overpayment, to Deposit Account No. 02-4550. A copy of this sheet is enclosed.
- Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

KLARQUIST SPARKMAN, LLP

By

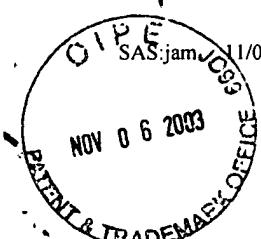


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Susan Alpert Siegel, Ph.D.  
Registration No. 43,121

One World Trade Center, Suite 1600  
121 S.W. Salmon Street  
Portland, Oregon 97204  
Telephone: (503) 226-7391  
Facsimile: (503) 228-9446

cc: Docketing



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PATENT IMAGE  
Attorney Reference Number 899-61868

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### TRANSMITTAL LETTER

Enclosed is a Response to Restriction Requirement for the above application. The fee has been calculated as shown below.

CLAIMS AS AMENDED					
For	No. after amendment	No. paid for previously	Present Extra	Rate	Fee
Total Claims	42	- 46*	= 0	\$9.00	\$ 0.00
Indep. Claims	7	- 10**	= 0	\$43.00	\$ 0.00
Mult. Dep. Claims Fee (if not previously paid)					\$145.00
One-month Extension of Time					\$55.00
Two-month Extension of Time					\$210.00
Three-month Extension of Time					\$475.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

\* greater of twenty or number for which fee has been paid.

\*\* greater of three or number for which fee has been paid.

No additional fee is required.